

DISBURSEMENT / CHECK REQUEST FORM

RUSH CHECK PRINT IN: OFFICE
 (Use Drop Down Box)

 CHECK WIRE PETTY CASH

CURRENCY TYPE: US \$

(Use Drop Down Box)

(Mark all appropriate boxes throughout this form with an " X ")

Payable To: American Express

Vendor #

Amount: 180.00

Date: July 8, 2009

(m/d/y)

Description of Charges: Information Disclosure Statement

10/591,830
 364433-000008

CHARGE TO:

Client Charges:

C/M Name: Omnilink C/M Number: 364433-000008 Cost Code: Amount: 180.00
 C/M Name: C/M Number: Cost Code: Amount:
 C/M Name: C/M Number: Cost Code: Amount:
 C/M Name: C/M Number: Cost Code: Amount:
 C/M Name: C/M Number: Cost Code: Amount:

Firm Charges:

Expense Desc.: G/L Acct. No.: Amount:
 Expense Desc.: G/L Acct. No.: Amount:
 Expense Desc.: G/L Acct. No.: Amount:
 Expense Desc.: G/L Acct. No.: Amount:

TOTAL CHARGES: 180.00

Instructions:

Call ext. _____ to pick up check Mail check to payee Return check to Margot Filipowicz

ACCOUNTING USE ONLY	
Date: _____	
Interofficed	<input type="checkbox"/>
Mailed	<input type="checkbox"/>
Picked-up	<input type="checkbox"/>
Voucher Number: _____	
Signature of petty cash recipient:	

APPROVALS	Approved By: _____ (PLEASE SIGN) Print Name: Dale S. Lazar 12761
	Approved By: _____ (PLEASE SIGN) Print Name: _____
	Approved By: _____ (PLEASE SIGN) Print Name: _____
	Approved By: _____ (PLEASE SIGN) Print Name: _____
Requested By: Dale S. Lazar 12761	
Requesting Attorney Employee ID No.: 12761 (REQUIRED)	
Practice Group or Cost Center Code: 760 (REQUIRED)	